

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/05/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Shoulder Open Biceps Tenodesis, Arthroscopic Distal Clavicle Excision, Arthroscopic Capsular Release

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy note 07/19/11
Clinical notes Dr. 07/05/11-06/29/12
Clinical note Dr. 07/24/12
MRI left shoulder 11/15/11
CT scan 03/02/12
Prior reviews 07/05/12 and 07/31/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx and is status post left shoulder acromioplasty and distal clavicle excision. The patient continued to have symptoms post-operatively despite 10 sessions of documented physical therapy. The patient was recommended for cortisone injections on 07/05/11 and was prescribed Celebrex at this date follow up on 08/30/11 indicated patient did undergo a corticosteroid injection that resulted in no significant functional improvement. Repeat MRI studies were recommended which were completed on 11/15/11. This study revealed subtle irregular signals in the anterior superior labrum suspicious for a labral injury. The biceps tendon appeared intact and mild synovitis and synovial thickening within the labrum was suspected. Clinical evaluation on 01/06/12 stated that the patient's mechanism of injury was a fall off of a ladder in which the patient

landed on his left elbow. Patient reported persistent pain within the left shoulder that has increased with activity. Physical examination at this visit revealed loss of range of motion in the left shoulder with strength intact. A mildly positive Hawkins' sign was noted and there was tenderness over the acromioclavicular joint. Positive cross body at adduction test was noted. Patient underwent a second injection to the acromioclavicular joint left acromioclavicular joint at this visit that initially resulted in some improvement patient underwent CT of the left shoulder on 03/02/12 which revealed a low lying acromial process producing minimal effacement on the supraspinatus tendon. No definite evidence of disruption of the rotator cuff was noted. Sclerotic changes within the lateral humeral head were identified with some convexity in the posterior lateral humeral head consistent with a small impaction defect no evidence of biceps tendon disruption or displacement was present. The patient was evaluated on 06/29/12 with continuing pain despite two injections. Physical examination was relatively unchanged from prior exams a positive O'Brien's sign was noted. The description of the services indicated a diagnostic procedure as imaging only revealed possible pathology. The request for left shoulder open biceps tenodesis distal clavicle excision and capsular release were dated were denied by utilization review on 07/05/12 and again on 07/31/12 as the peer to peer discussion as the peer to peer discussion indicated the patient that he that doctor at the requesting physician was wanting to perform a diagnostic arthroscopy which he agreed to resubmit for which the treating physician agree to resubmit for.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for left shoulder open biceps tenodesis, arthroscopic distal clavicle excision, and arthroscopic capsular release is not recommended as medically necessary. There is insufficient clinical documentation provided for review to support the surgical requests as the imaging studies provided were fairly non-diagnostic in nature and did not identify clear pathology that would reasonably require the surgical procedures. There was no significant tendinitis or increased signal within the biceps tendon that would reasonably require biceps tenodesis. There was also no evidence of significant post-traumatic changes of the acromioclavicular joint or severe degenerative joint disease that would reasonably require a distal clavicle excision. Review of the notes does indicate that the requesting physician is seeking a diagnostic procedure which was not submitted. The surgical requests submitted for review are not supported by the clinical documentation provided or based on current evidence based guidelines and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES